Kenya EOP Summary & Results

Geographic Implementation Areas

Counties
- 6/47 (13%)—Migori, Kisumu, Meru, Baringo, Bungoma, and Homa Bay

Subcounties
- 30/290 (10%)

Facilities
- 302/9,600 (3%)

Population

Country
- 50.4 million

MCSP-supported areas
- 10.3 million

Technical Areas

Program Dates

October 1, 2014–December 31, 2017

Total Funding through Life of Project

$15,536,494

Demographic and Health Indicators

Indicator	# or %
MMR (per 100,000 live births)	362
IMR (per 1,000 live births)	39
U5MR (per 1,000 live births)	52
SBA	62%
DTP3	90%
ORS for treatment of diarrhea	78.1%
TFR	3.9
CPR (modern, among currently married women)	53%
Stunting	26%

Sources: Kenya DHS 2014

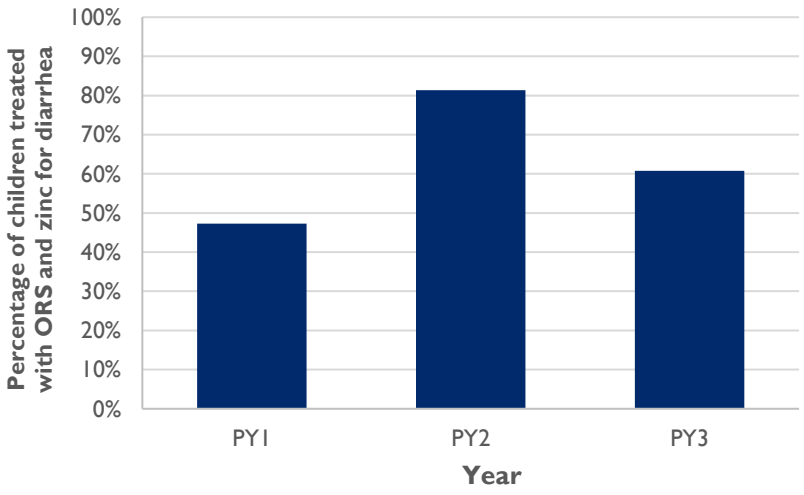
Strategic Objectives through the Life of Project

- Strengthen the core capacities of county governments and health teams to increase coverage and utilization of evidence-based, sustainable, high-impact RMNCAH, nutrition, and WASH interventions.
- Foster an enabling environment and promote program learning documentation and dissemination for improved RMNCAH, nutrition, and WASH outcomes.

Highlights through the Life of Project

- Worked with county-level leadership and service providers to strengthen reproductive health services targeted to adolescents, resulting in a 17% increase in selection of an FP method among young women and girls ages 10–19 in Migori and Kisumu counties.
- Increased the number of facilities providing quality EmONC services from 23 to 67, with 10 able to offer comprehensive EmONC services.
- Increased the number of women who received their first ANC visit from 48.3% in 2014 to 59.5% in 2016 and increased delivery with an SBA from 18.8% of pregnant women to 24.1% during the same timeframe in three subcounties in Kenya, as a result of MCSP's comprehensive HSS approach.

Figure 1. Percentage of children treated with ORS and zinc for diarrhea in Migori and Kisumu



Kenya

Background

MCSP worked in some of Kenya's counties with the poorest health indicators for women and children. MCSP began implementing activities in Migori and Kisumu counties in 2014 while continuing to support the subcounties of Igembe Central and Igembe North of Meru County and East Pokot of Baringo County through September 2016. For MiP interventions, MCSP expanded its geographical scope beyond Kisumu and Migori to include Bungoma and Homa Bay counties. The program also provided technical assistance at the national level to the Division of Family Health. MCSP supported capacity-building for county and subcounty health management teams, advocacy and resource mobilization, TWG strengthening and stakeholder engagement, commodity and supplies oversight, integrated supportive supervision, and M&E strengthening.

Key Accomplishments

Increased Capacity of County Health Management Teams

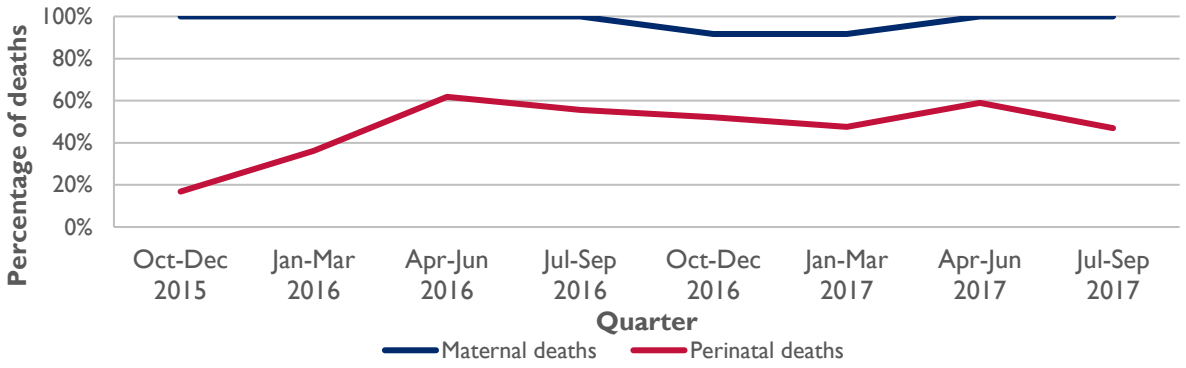
MCSP built implementation capacity of county health management teams and subcounty health management teams through on-the-job training and training in supportive supervision, mentoring, and commodity management. At the national level, MCSP strengthened the national FP program by developing 26 national LARC trainers to support the northern Arid Lands and 57 FP mentors in MCSP focus counties. Stronger countywide FP capacity will allow women and girls to make informed choices about childbearing and healthy timing and spacing of pregnancy. To improve the management of high-quality malaria services, MCSP developed 700 clinical mentors from county and subcounty health management teams as trainers and supervisors in facilities in the four malaria-endemic counties, creating stronger capacity for Kenya to continue providing MiP services and to continue its progress toward reaching national intermittent preventive treatment of MiP (IPTp) coverage targets.

MCSP mentored county and subcounty EPI supervisors to conduct supportive supervision, on-the-job training, and mentorship. The supervisors transferred their new skills to immunization champions among frontline health workers and helped subcounty teams identify local solutions to problems affecting the EPI. For example, Migori County Referral Hospital introduced vaccination sessions on weekends and public holidays, and Nyatike Subcounty screened all children at MCH clinics for immunization status. These interventions improved defaulter tracking and increased the number of children receiving the second dose of the measles vaccine. To address the frequent breakdown of cold chain equipment, MCSP supported capacity-building of cold chain technicians in Kisumu, Migori, and Igembe Central counties, contributing to an increase in the number of immunizing facilities and in the fully immunized child rate from 22% to 39% between 2014 and 2016 in East Pokot.

Improved the Quality of MNH Services

MCSP strengthened the quality of MNH services by combining established training, supervision, mentoring, and facility readiness activities with QI teams at 67 EmONC sites. Health facilities received training and material support to measure performance of MNH services and IPC measures against MOH standards using the SBM-R methodology to ensure the quality of care. MCSP institutionalized maternal and perinatal death surveillance and response (MPDSR) in Kisumu and Migori counties, leading to a review of 100% of maternal deaths and improvements in the percentage of perinatal deaths reviewed, from 17% in 2014 to 47% in 2017 (see Figure 2). Furthermore, 14 MCSP-supported KMC centers enrolled 756 preterm or low-birthweight infants, 658 (87%) of whom survived.

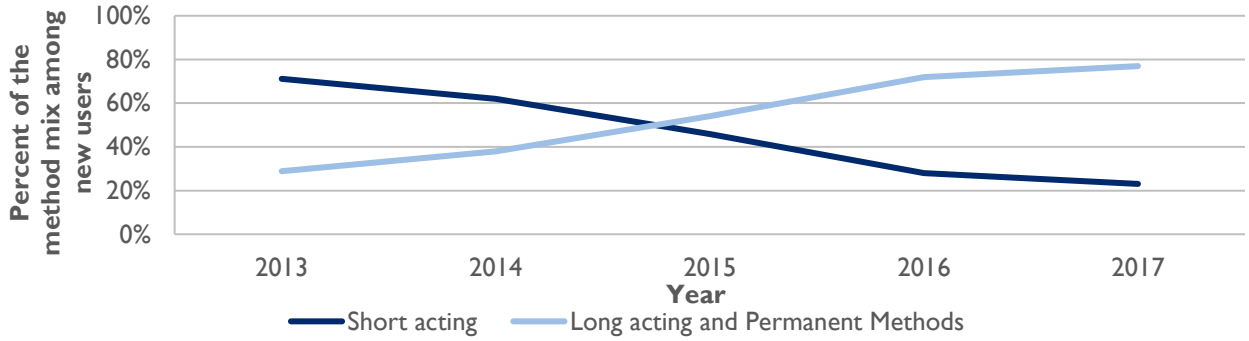
Figure 2. Percentage of audited maternal and perinatal deaths



Introduced Levonorgestrel Intrauterine System into Public Sector

While over 99% effective and safe, the levonorgestrel intrauterine system (LNG-IUS) method of FP has only been available to women in Kenya via the private sector due to its relatively high cost. In partnership with the International Contraceptive Access Foundation and in collaboration with the MOH at the national and subnational levels, MCSP supported the introduction of the LNG-IUS in 31 public facilities in Kisumu and Migori counties. The program used a structured mentorship model to build the capacity of health care workers, which helped ensure that facility-level service providers were competent in inserting and removing LNG-IUSs. In this model, mentorship and supervision were led by county-level MOH staff who had been trained in LNG-IUS provision via the MCSP-developed national LARC learning resource package. Following the introduction, over 1,000 women voluntarily took up the method, with 70% of the adopters being new contraceptive users or switching from short-term methods. This contributed to the improved LARC uptake from 8% at project inception to 40% at end of the project.

Figure 3. Trend of the contraceptive method mix among new FP users in Migori



Increased Coverage of IPTp

MCSP's work on MiP in Kenya saw a steady improvement in coverage of pregnant women receiving at least two doses of IPTp since the project's inception: IPTp1 uptake increased from 68% in 2015 to 79% in 2017, and IPTp2 uptake increased from 55% to 66% in the same timeframe across the supported facilities in the four MiP focus counties of Bungoma, Homa Bay, Migori, and Kisumu. To gain these achievements, MCSP invested in capacity-building at the national, county, health facility, and community levels. Nationally, MCSP participated in malaria case management and M&E TWGs. It also provided technical inputs for the revision of four MiP information, education, and communication materials and the adaptation of the WHO third edition of *Prevention and Control of Malaria during Pregnancy: Reference Manual for Health Care Providers*. At the county and subcounty levels, MCSP developed 410 clinical mentors and community health assistant trainers to serve as an ongoing resource for MiP in facilities and communities, reaching 1,864 health care workers and 11,500 community health volunteers in the four focus counties, all of which have high malaria prevalence. The 2,344 community health volunteers were trained to promote MiP at the community level and encourage pregnant women to start IPTp early in the second trimester. This resulted in a 14% increase in the percentage

of pregnant women attending ANC at ≤ 20 weeks' gestation in the year following the training. The increase in early ANC attendance is likely associated with community health volunteer MiP promotional efforts, which are being replicated in three additional counties and extended to other malaria-endemic counties.

Scaled Up Implementation of the RED Approach

To reduce the numbers of unvaccinated and undervaccinated children, MCSP provided targeted support to the subcounties to implement the five components of the WHO RED approach. With MCSP support, all facilities developed and implemented microplans using diverse strategies to reach target populations while addressing facility-specific challenges affecting immunization services. MCSP focused particularly on linking services to the community through the use of community health volunteers to mobilize clients and track defaulters, and through outreach for hard-to-reach areas. For instance, facility data showed that in East Pokot, 8% of children who were vaccinated were reached through outreach. MCSP's support contributed to an increase in the number of children receiving the third dose of pentavalent vaccine from 68,460 to 70,246 in Kisumu and Migori between 2014 and 2016. In the same period, the number of fully immunized children in the counties increased from 63,605 to 67,844, and fully immunized coverage increased from 76% to 84%.

Strengthened Primary-Level Health Care Providers' Knowledge, Skills, and Practices of IMCI Service Provision

Leveraging the existing pool of experienced county and subcounty IMCI trainers, MCSP trained facilitators in administering the IMCI mentorship tool, its analysis, and provision of feedback to health care providers. The program further facilitated mentorship of 934 health care providers to provide correct treatment and increase coverage of lifesaving interventions. It also worked with the county MOH to further institutionalize this mentorship approach by advising on the development of a county IMCI mentorship model. The model outlines key competencies required of service providers and uses an adapted WHO supportive supervision checklist to help mentors assess and address gaps in service providers' knowledge, skills, and practices. It is now part of activities included in the counties' annual work plan.

Implemented the National Baby Friendly Community Initiative Package

MCSP supported the finalization of the Baby Friendly Community Initiative package, a process that begun under MCHIP. This was followed by implementation in Kisumu and Migori counties between September 2016 and September 2017. As a result, rates of prelacteal feeding reduced from 25% to 10% overall, while introduction of solid and semisolid foods among children between ages 6–8 months improved from 71% to 85% (October 2016 to June 2017). With support of the MOH's Nutrition and Dietetics Unit, the package has been scaled up in other counties not supported by MCSP through other local implementing partners.

Recommendations for the Future

Through its experience in Kenya, MCSP developed a number of recommendations to be considered by the MOH and future projects working in the country.

- **Create a local pool of specialists to act as clinical mentors.** MCSP's approach of creating a local pool of specialists to serve as clinical mentors in various technical areas ensured that training was cascaded to reach a critical number of service providers. This was a best practice and a strategy that should be adopted and scaled up, especially in areas with inadequate numbers of health care providers, as it avoids closure of health facilities that are manned by one health care provider due to classroom training.
- **Enhance public-private partnerships.** Community health volunteers should be used more often to promote access for health services through mobilization and enrollment of community members in health insurance schemes, such as the National Hospital Insurance Fund and Linda Mama. Public-private partnerships should be further enhanced, as they largely contribute to service delivery data that inform decision-making in counties.

- **Prioritize construction and staffing of new health centers.** There is a need for continued advocacy with county management to prioritize construction and staffing of new health centers at the subcounty level to make services accessible to all.
- **Strengthen county-level leadership.** Creation of county-level thematic TWGs and strengthening of existing ones provides a forum where the county health management team spearheads and provides leadership in technical areas.

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	**Achievement (Target)**
Percentage of pregnant women delivering with an SBA	62% (70%; 89% achieved)
Percentage of pregnant women given IPTp2 among women attending ANC visit	79% (80%; 99% achieved)
Couple years of protection	667,488 (591,861; target exceeded)
Percentage of children under 1 year who are fully immunized	85% (67%; target exceeded)
Percentage of children receiving the diphtheria-tetanus-pertussis vaccine	85% (72%; target exceeded)
Percentage of children under 5 with diarrhea treated with ORS and zinc	85% (63%; target exceeded)
Percentage of pregnant women who receive iron with folic acid supplementation during ANC	85% (65%; target exceeded)
Percentage of pregnant women delivering with an SBA	85% (61%; target exceeded)

For a list of technical products developed by MCSP related to this country, please click here.